Histopatological Image

Unexpected tumor in an unusual site: Glomangioma of the forearm

Aya Khemir[1,2,3], Imen Abbes[2], Raoudha Doghri[1,2,3], Nadia Boujelbene[1,2], Lamia Charfi[1,2,3], Karima Mrad[1,2,3]

[1]Faculty of Medicine of Tunis, University of Tunis El Manar, Tunisia, [2]Pathology department, Salah Azaiez Institute, Tunisia, [3]Precision Medicine and Oncology Investigation Laboratory (LR21SP01), Tunisia

Corresponding author: Aya Khemir, MD, E-mail: aya.khemir@fmt.utm.tn

A fifty-year-old male presented with a painless tumor mass of the forearm. The mass was surgically removed.

On macroscopic examination, there was a well-circumscribed nodule, 18-mm in diameter, with a reddish cut surface.

Histopathologic examination revealed regular vascular cavities surrounded by clusters of small round cells with ovoid nuclei and fine chromatin (Fig. 1 and 2). Immunohistochemical staining showed positivity of small round cells to anti-smooth muscle antibodies and negativity to anti-CD34 and anti-HMB45 antibodies (Fig. 3a – 3c). The diagnosis of glomangioma was retained based on these morphological and immunohistochemical findings.

Glomangioma is a variant of the glomus tumor. The latter is a mesenchymal proliferation that arises from the perivascular glomus body [1,2]. It presents typically as a swollen blue mass most commonly on the upper extremities with a predilection to the subungual area in the fingers. The forearm is an unusual site, and having a prominent vascular component is also infrequent [1,2]. They are, for the most part, benign. However, malignant variants do exist [3].

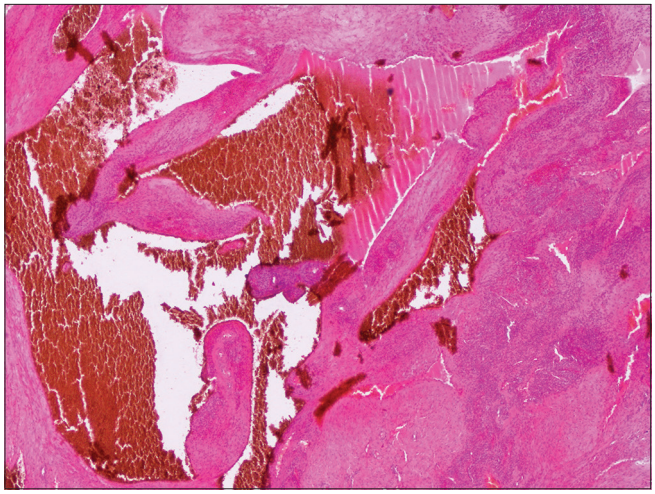

Figure 1: A proliferation with a marked vascular component surrounded by clusters of small round cells with ill-defined borders (H&E, 2x).

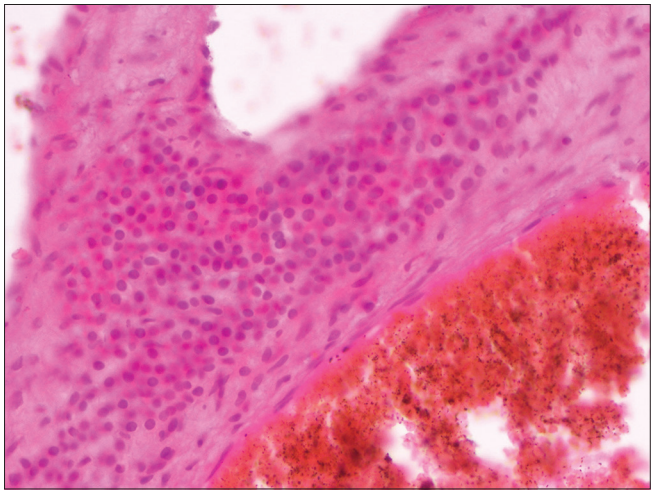

Figure 2: Tumor cells with regular, rounded nuclei with homogenous chromatin and amphophilic cytoplasm (H&E, 40x).

How to cite this article: Khemir A, Abbes I, Doghri R, Boujelbene N, Charfi L, Mrad K. Unexpected tumor in an unusual site: Glomangioma of the forearm. Our Dermatol Online. 2026;17(3):418-419.

Submission: 12.01.2026; **Acceptance:** 27.02.2026

DOI: 10.7241/ourd.20263.27

© Our Dermatol Online 3.2026

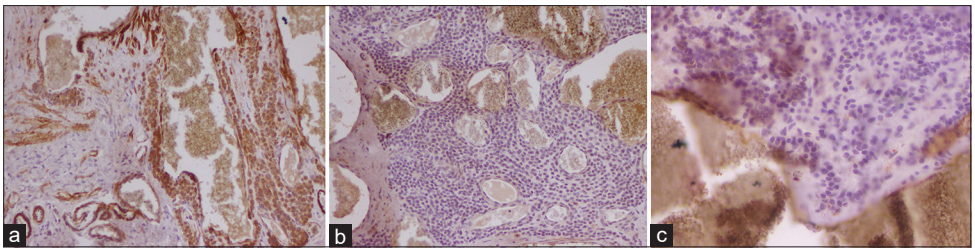

Figure 3: On immunohistochemical staining, the tumor cells showed positivity to a) the anti-smooth muscle actin antibody and negativity to b) anti-CD34 and c) anti-HMB45 antibodies.

REFERENCES

1. Gupta M, Sharma V, Mahajan VK, Singh R. Subungual glomus tumor: An uncommon cause of median canaliform nail-dystrophy of Heller. Our Dermatol Online. 2014;5:62-4.
2. Awal G, Kaur N. Unusual presentation of a rare skin tumor: Glomangioma. Our Dermatol Online. 2024;15:206-7.
3. Kawaguchi K, Endo M, Fukushima S, Hirose T, Nabeshima A, Fujiwara T, et al. Metastatic malignant glomus tumor resistant to pazopanib, a multikinase inhibitor: A case report and review of literature. JOS Case Rep. 2024;3:101-4.

Copyright by Aya Khemir, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Source of Support: This article has no funding source.

Conflict of Interest: The authors have no conflict of interest to declare.